

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	DT	11	10-23-00
<b>O.I.P.E. CLASSIFIER</b>	CAW		10/28/2001
<b>FORMALITY REVIEW</b>	CS	804	11-09-00
<b>RESPONSE FORMALITY REVIEW</b>	MD	SC917	03/28/01
	HA	858	6/14/01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	9/28/01
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Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here